

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NUR		08-04-01
O.I.P.E. CLASSIFIER		43	1/12/01
FORMALITY REVIEW		1019	12-18-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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809  
10/10/03  
947  
12/18/04